Signature of Committee Treasurer or Candidate  Date  ETHCF-2a / Rev 01/2016   Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984  Phone: 608-261-2028   Fax: 608-264-9319   Web: https://cfis.wi.gov   Email: GABCFIS@wi.gov	I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.	Daytime Phone	Name of Candidate or Committee (in full)  843 Red Ward Dr	Cheyl Barkey for	ρ	$\rho$ Spring $\rho$ Fall $\rho$ Special Pre-Election $\rho$	Pospring Prall Pre-Primary Pre	Campaign Finance Report Short Form ETHCF-2a
Date Email Address  7-1-17 Chery booken  3oard, P.O. Box 7984, Madison, WI 53707-7984    ttps://ctis.wi.gov   Email: GABCFIS@wi.gov	not receive contributions or other income, make red by this report and that the cash balance remains requirements under Sec. 11.0103(3)(d), Stats.		Green Bay WI	Register of Does	Continuing Report due 4th Tues Sept.,	O Continuing Report due July 15,	O Continuing Report due Jan. 15,	Ethics ID Number
berken (& GMA). (			128/304	V				

\*\*\*End of Report\*\*\*

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
) Spring $\rho$ Fall $\rho$ Special Pre-Primary $\rho$ C	O Continuing Report due Jan. 15,
O Spring $ ho$ Fall $ ho$ Special Pre-Election $ ho$ C	O Continuing Report due July 15, 2017
ρο	O Continuing Report due 4th Tues Sept.,
Jamie Blom	
Name of Candidate or Committee (in full) 2883 Hillcrost Ct, Green Bay, WI 54313	n Bay, WI 54813
Address	
970-265-1272	
Daytime Phone	

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov

\*\*\*End of Report\*\*\*

E/H/CF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Date

**Email Address** 

ime blom @ hotmail com

Signature of Committee Treasurer or Candidate



Ethics ID Number	O Continuing Report due Jan. 15,  O Continuing Report due July 15,	O Continuing Report due 4th Tues Sept.,		21 Green By	120 RE-6501	
Campaign Finance Report Short Form ETHCF-2a	β Spring β Fall β Special       Pre-Primary       ρ C         β Spring β Fall β Special       Pre-Election       ρ C	δ	Taride Guella	Name of Candidate or Committee (in 1947)	Address 928 497-3052 /920 965-650	Daytime Phone

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Wladison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9519 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov

disbursements, or incur obligations during the period covered by this report and that the cash balance remains

the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

certify that the above named committee or candidate did not receive contributions or other income, make

shutley 122 yakor. com

Email Address

Date

Signature of Conjuntee Treasurer or Candidate

4-17-17

# \*\*\*End of Report\*\*\*



	Down County
Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
O Spring O Fall O Special Pre-PrimaryO	O Continuing Report due Jan. 15,
P Spring P Fall P Special Pre-Election	Continuing Report due July 15, 2017
ρ	O Continuing Report due 4th Tues Sept.,
	Beller Green Bay
Name of Candidate or Committee (in Iuli)  843 Dougman St. / God  Address	Green Baf WI S4363
(570) 384 - 8493 Daytime Phone	

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as proviously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate Date evik. **Email Address** <u>b. ess</u> enherm (2) mail. com

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <a href="https://cfis.wi.gov">https://cfis.wi.gov</a> | Email: <a href="mailto:GABCFIS@wi.gov">GABCFIS@wi.gov</a>

\*\*\*End of Report\*\*\*



( )				
	N FINANCE REPORT		31415762	
LOCAL COMMITTEES OF WISCONSIN				
Is This Report an Amendment:   Yes  No  Instructions for completing schedules are on the back of each schedule.				
Instructions for completing schedules are on the ba	ck of each schedule.	IN PIEC	201 201	
COMMITTEE IDENTIFICATION		46.7	ottal Juni Clerk	
Name of Committee		1	Brown Court	
Friends of Patrick Evans  Street Address  1692 Nancy Ave  City. State and Zip Code  Green Bay, WI 54303		EOF	FICE USE ONLY	
City, State and Zip Code				
Green Bay, LUI 54303				
Please check if address is different than previously reported, a	nd complete the Campaign Reg	istration Statement in the b	oack of this form.	
NAME OF REPORT				
January Continuing Pre-Primary		_		
July Continuing 2017  September Continuing  Pre-Election	_ 1 5 _	Fall Special	Termination Report also complete Schedule 4	
September Continuing			uiso compicie seneume 4	
SUMMARY OF RECEIPTS AND	Column A	Column B		
DISBURSEMENTS	This Period	Calendar		
1. RECEIPTS		Year-To-Date		
1A. Contributions (Including Loans) from Individuals	\$	\$		
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$ ~	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$		
2. DISBURSEMENTS		•		
2A. Gross Expenditures	\$58,30	\$		
2B. Contributions to Committees (Transfers-Out)	\$	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 58.30	\$		
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 1,584.06		•	
Total Receipts	\$			
Subtotal	\$ 1,584,06			
Total Disbursements (Checking Act. Fees)	\$ 58,30			
CASH BALANCE END OF REPORT	\$ 1,525.76			
INCURRED OBLIGATIONS				
(Balance at the Close of This Period-3A)	\$	-		
LOANS (Balance at the Close of This Period-3B)	\$	J		
I certify that I have examined this report and to the best of		s true, correct and compl	ete.	
Type or Print Name of Candidate or Treasurer S	ignature of Candidate or Treasurer	Date: 7	11117	

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 7/11/17

Patrick M. Evans

Email Patrickevanse att. net

Daytime Phone: 920) 494-5224

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



Complete Committee Name

#### **DISBURSEMENTS Gross Expenditures**

Pageot
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Complete Commi	ttee Name 15 OF Patrick Erans		
FIRM			
Instructions for Date	completing schedules are on the back of each schedule.  Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made	openic raipose of Experiance	7 (110dill
	Checking acct Fees		58.30
	Check if: 🗀 In-Kind Offset		1
	Check if:		
	Check if:		
	Check if: ☐ In-Kind Offset		
Marie .	Check if: 🖸 In-Kind Offset	1.14.44.4100000000000000000000000000000	
- HIVE	Check if:		
	Check if:  In-Kind Offset		
	Check if:   In-Kind Offset		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 58. 30
		TOTAL ITEMIZED EXPENDITURES	\$
		TOTAL UNITEMIZED EXPENDITURES	\$ 2/)
		TOTAL EXPENDITURES	\$ 58.30 20f2
			~ UT ~

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
O Spring O Fall O Special Pre-Primary	O Continuing Report due Jan. 15,
ρ Spring ρ Fall ρ Special Pre-Election	Continuing Report due July 15, $2017$
	O Continuing Report due 4th Tues Sept.,
FLIENDS OF JOHN GOSSAGE	GOSSAGE
Name of Candidate or Committee (in full)  3430 EST RIVER 7	of Candidate or Committee (in full)  1430 EAST RINGH TEACAEL 6,B WE 5431/
LCCh - 814 (202)	
Daytime Phone	

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report the filing requirements under Sec. 11.0103(3)(d), Stats.

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Bóx 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov of Committee Treasurer of Cardinate Date Crossage. T. O a ol. com **Email Address** 

\*\*\*End of Report\*\*\*



Campaign Finance Report Short Form ETHCF-2a	lance Repor	t Ethics ID Number
Spring $ ho$ Fall $ ho$ Special Pre-Primary _	Pre-Primary	O Continuing Report due Jan. 15,
Spring P Fall P Special Pre-Election	Pre-Election	Continuing Report due July 15, 17
		O Continuing Report due 4th Tues Sept.,
Friend's of	Stansk	Frends of Stansk Grussmati
Name of Candidate or Committee (in full)	ittee (in full)	9

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Daytime Phone

857.3425

Signature of Committee Treasurer or Candidate Date Stank ( ); Shit & Cog wond. com **Email Address** 

ETHCF-2a | Rev 1/2014 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov

\*\*\*End of Report\*\*\*



Campaign Finance Report	Ethics ID Number	nber
O Spring O Fall O Special Pre-PrimaryO	O Continuing Report due Jan. 15,	ıe Jan. 15,
$\rho$ Spring $\rho$ Fall $\rho$ Special Pre-Election	Continuing Report du	Continuing Report due July 15, 30/7
ρ	Continuing Report due 4th Tues Sept.,	ie 4 <sup>th</sup> Tues Sept.,
Name of Candidate or C 616 Dauphin St		
Address Green Bay WI 54301		
Daytime Phone 930-448-4021	021	
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.	ot receive contributioned by this report and equirements under So	ons or other income, make that the cash balance remains ec. 11.0103(3)(d), Stats.
Signature of Committee Treasurer or Candidate	Date	Email Address
Jerses Lamo 7-1-17 junisandraco Yahoo.com	7-1-17	juno sandraca)

\*\*\*End of Report\*\*\*

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov



	FINANCE REPORT	155		AMOS
Is This Report an Amendment:	No		10	M2526212829300
Instructions for completing schedules are on the back	12	RECENT		
COMMITTEE IDENTIFICATION	212	JUN 20 ED W		
Name of Committee  FRIENDS OF CAROL  Street Address	L Kelso		1920	Brown Con Juny
11320 N. CRESTUIEW			OF	FICE CONLY
City, State and Zip Code	85268			ALDI EL GUI
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the b	oack of this form.
NAME OF REPORT				
January Continuing Pre-Primary  July Continuing Pre-Election	Spring I	Fall S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colun Caler	ndar	
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$	\$		
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$	\$		
2B. Contributions to Committees (Transfers-Out)	\$ 1,000	\$ 1,000	0	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$		
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 4856.85			
Total Receipts	\$			
Subtotal	\$			
Total Disbursements	\$ 1012			
CASH BALANCE END OF REPORT	\$ 3844.85			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$			

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
CAROL 14ELSO	Email Carol Kelsc	July 24, 2017 Daysime Phone: 480.584.3628

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



## DISBURSEMENTS Contributions To Committees (Transfers-Out)

of	
	of

Complete Committee Name				
FRIENDS	OF	CAROL		

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
4/25	Glamn Graffman for Congress  Check if:   In-Kind   Loan		1,000	1,000
4/28	US BAWK Check if: 🛘 In-Kind 🗖 Loan	Bank fee	\$.00	
5/3/	US 13 PWK_ Check if: 🖪 In-Kind 🖪 Loan	Bank See	7.00	
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: 🔲 In-Kind 🖸 Loan			
	Check if: ☐ In-Kind ☐ Loan			
	SUBTOTAL CONTRIBUTIONS (TOTAL CONTRIBUTIONS (Transfers-Out		\$ 1,012 \$ 1,000	

2 of 2

Signature of Committee Treasurer or Candidate  Date  Email Address  ETHCF-2a Rev 01/2016   Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984	I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.	Address  Address  Daytime Phone	Name of Candidate or Committee (in full)	Thomas Land	O Con	$\rho \ Spring \ \rho \ Fall \ \rho \ Special  Pre-Election \underline{\hspace{1cm}} \rho \ Con$	ρ Spring ρ Fall ρ Special Pre-Primary ρ Con	Campaign Finance Report I Short Form ETHCF-2a	
Date 6-12-17 d, P.O. Box 7984	receive contribution by this report and in the second in t		mEi		O Continuing Report due 4th Tues Sept.,	ıtinuing Report du	ho Continuing Report due Jan. 15,	Ethics ID Number	
Date  6-13-17  LUNG FRE 4 ONE ZERO 11  1 P.O. Box 7984 Madison, WI \$3707-7984	ns or other income, make that the cash balance remains c. 11.0103(3)(d), Stats.		Elamico WI S4313		e 4 <sup>th</sup> Tues Sept.,	O Continuing Report due July 15, 2027	e Jan. 15,	hber	

\*\*\*End of Report\*\*\*



	FINANCE REPORT ITTEES OF WISCO	VC1	121314151677					
Is This Report an Amendment:	A WED B							
Is This Report an Amendment:   Yes  No  Instructions for completing schedules are on the back of each schedule.								
COMMITTEE IDENTIFICATION		4	JIM 20 JUNOON CO					
Name of Committee  MOYNIHAN COMMITTEE FOR P  Street Address  2444 BABCOCK ROAD  City State and 7 in Code	ESPONSIBLE (	SOVERNUENT OF	FICEUSE ONLY					
City, State and Zip Code ASHWAUBERION, WI 543								
Please check if address is different than previously reported, and	complete the Campaign Reg	istration Statement in the l	back of this form.					
NAME OF REPORT			*					
January Continuing Pre-Primary  July Continuing Pre-Election  Pre-Election	Spring I	Fall Special	Termination Report also complete Schedule 4					
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar						
1. RECEIPTS		Year-To-Date						
1A. Contributions (Including Loans) from Individuals	\$ -	\$ -						
1B. Contributions from Committees (Transfers-In)	\$ -	\$ -						
1C. Other Income and Commercial Loans	\$ <b>-</b>	\$ -						
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	s –						
2. DISBURSEMENTS								
2A. Gross Expenditures	\$ 25.60	\$ 50.00						
2B. Contributions to Committees (Transfers-Out)	s —	\$ -						
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 25.00	\$ 50.00						
CASH SUMMARY								
Cash Balance Beginning of Report	\$ 225.°°		-					
Total Receipts	s —							
Subtotal	\$ 225.00							
Total Disbursements	\$ 25.00							
CASH BALANCE END OF REPORT	\$ 200.00							
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$							
LOANS (Balance at the Close of This Period-3B)	\$							

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasure	Date: 05/12/17	
	Yatche March	00/1001	
PATRICE W. MOYNIHAN JR.	Email Datrickmorninas	Daytime Phone: 920.593.44	11
	James	11. COM	

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



## DISBURSEMENTS Gross Expenditures

Complete Committee Name

Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
5/30/17	NICOLET NATIONAL BANK P.O. BOX 23900 GREEN BAY, WI Check if: 11 In-Kind Offset 5 4305.3900	SERVICE CHARGES	25.00
	Check if: 🗓 In-Kind Offset		
	_	1	
	Check if:   In-Kind Offset		
	Check if:   In-Kind Offset		
	Check if:		
	Check if:		
	Check if:  In-Kind Offset  Check if:  In-Kind Offset		
•		TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 25.0° \$ 25.0°
		TOTAL ITEMIZED EXPENDITURES	\$ 25.00
		TOTAL UNITEMIZED EXPENDITURES	\$ 25.00
		TOTAL EXPENDITURES	\$ 20.

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
O Spring O Fall O Special Pre-PrimaryO	O Continuing Report due Jan. 15,
$\rho$ Spring $\rho$ Fall $\rho$ Special Pre-Election $\rho$	O Continuing Report due July 15, 30 17
ρ	O Continuing Report due 4th Tues Sept.,
Andy Nicholson	
Name of Candidate of Committee (in full)  Solvery Venus Dr.	
Address Green Bay W	WI 54311
Daytime Phone	
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains	ot receive contributions or other income, make d by this report and that the cash balance remains

\*\*\*End of Report\*\*\*

1CF-2a | Rev 01/2016 | Government Accounta<u>binty Board, P</u>[O. Box 1984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <a href="https://cfis.wi.gov">https://cfis.wi.gov</a> | Email: <a href="https://cfis.wi.gov">GABCFIS@wi.gov</a>

the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Date

**Email Address** 

Enature of Committee Treasurer Mandidate



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
O Spring O Fall O Special Pre-PrimaryOC	O Continuing Report due Jan. 15,
$\rho$ Spring $\rho$ Fall $\rho$ Special Pre-Election $\rho$ C	O Continuing Report due July 15,
ρο	Continuing Report due 4th Tues Sept.,
William J. Refers J	, J
Name of Candidate or Committee (in full)  333 MASH/and All (	
Address 920-461-2847	
Daytime Phone	

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

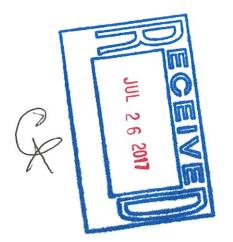
Date

Diploid

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov

# \*\*\*End of Report\*\*\*





Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
Spring $\rho$ Fall $\rho$ Special Pre-Primary $\rho$	O Continuing Report due Jan. 15,
Spring $\rho$ Fall $\rho$ Special Pre-Election $\rho$	P Continuing Report due July 15, 29
ρ	O Continuing Report due 4th Tues Sept.,
Citizins for S	reber
SHS	que
Address 920 680.6366	
Daytime Phone	
ertify that the above named committee or candidate did not receive contributions or other income, make	not receive contributions or other income, make

Saber For Supervisor a Gmail, con

Date

Email Address

Signature of Committee Treasurer or Candidate

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov

\*\*\*End of Report\*\*\*

disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.



	GN FINANCE REPORT		(2)	9202122239
Is This Report an Amendment:		ANS	A Ser	
Instructions for completing schedules are on the ba	ack of each schedule.		157	BECEIVED &
COMMITTEE IDENTIFICATION			2131475	JUL 2011
Name of Committee  5 treckenbach for Brown ( Street Address	Sandra L. Juno Brown County Clerk FICE USE ONLY			
7221 5- Webster	Box # 101		/	\$19945678
City, State and Zip Code Green Bay, wI 54	301			
Please check if address is different than previously reported,	and complete the Campaign Reg	istration State	ment in the b	ack of this form.
NAME OF REPORT				
January Continuing Pre-Primary  July Continuing Pre-Election  September Continuing Pre-Election	Spring 1	Fall S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colun Caler Year-To	ndar	
1. RECEIPTS		rear-re	o-Date	
1A. Contributions (Including Loans) from Individuals	\$	\$		
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 7	5	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 217.24	\$		
2B. Contributions to Committees (Transfers-Out)	\$	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 217.24	\$		
CASH SUMMARY				
Cash Balance Beginning of Report	\$34179.21			
Total Receipts	\$ —			
Subtotal	\$ 34179.21			
Total Disbursements	\$ 217.24			
CASH BALANCE END OF REPORT	\$ 33961.97			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$ 5427.82			
I certify that I have examined this report and to the best of	of my knowledge and belief it i	strue, correc	t and comple	ete.
Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer		Date:	7/19/17

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats. The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

Daytime Phone: 288-223

Email

SC	•1	3	П	E	2.	.Δ
	-	100		ALC: U	See all	

## DISBURSEMENTS Gross Expenditures

			RECEIVED
	recentrach for brown Country	Thentive	RECEIVED JUL 2017
nstructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	SaAmaduritino Brown County Clerk
1/3/17	Hodaddy Scottsdale, A2 85260 Check if: 1 In-Kind Offset	webhosking	217.24
(	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	_		
	Check if:		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PA	GE \$
		TOTAL ITEMIZED EXPENDITUR	
		TOTAL UNITEMIZED EXPENDITUR	217 211
		TOTAL EXPENDITUR	(E) \$ / 10

\*\*\*End of Report\*\*\*

2092

	FINANCE REPORT		/	349202122233
Is This Report an Amendment:				A FEE
Instructions for completing schedules are on the back	of each schedule.		12	RECEIVED
COMMITTEE IDENTIFICATION			133	JUL 2017
Name of Committee Riends of Vander Lee	ist-		12	Sandra L. Jund Brown County Clerk
Street Address 1422 Beech Tree DR			OF	FICE USE ONLY
City, State and Zip Code BAY, WI 5430 Y				
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the b	oack of this form.
NAME OF REPORT				
January Continuing Pre-Primary  July Continuing 2017  September Continuing Pre-Election	Spring I	Fall	Special	☐ Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	G.1.	0.1	D	
DISBURSEMENTS	Column A This Period	Colur Cale	manal Bergerangan and	
1. RECEIPTS		Year-To		
1A. Contributions (Including Loans) from Individuals	\$ 5,240	\$ 5,2	40	
1B. Contributions from Committees (Transfers-In)	\$ -	\$ <b>-</b>		
1C. Other Income and Commercial Loans	s –	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 5,240	\$ 5,2	40	
2. DISBURSEMENTS				
2A. Gross Expenditures	s 925.31	s 925	:31	
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	s 925.31	\$ 925	.3/	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 2712.5%			
Total Receipts	\$ 5,240.00			
Subtotal	\$ 7952.56			
Total Disbursements	\$ 925.31			
CASH BALANCE END OF REPORT	\$7,027.25			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s 0.00			
LOANS (Balance at the Close of This Period-3B)	\$ 0.00			
I certify that I have examined this report and to the best of m	w knowledge and helief it i	s true, correc	t and compl	ete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 7/15/17

Daytime Phone: 920-737-0999

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0804, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

### RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name Frena Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Occupation (if year-to-date total exceeds \$200) Amount of Den Schwalbach 1090 MoonRIVER DR Consultant Defere WI 54/15-City Courcel tom Sladek 2634 Seguoia Ln 30,00 Green BAY, WI 54313
Check if: [] In-Kind [] Loan Conduit - Ethics ID# Dennis & Darlene Marcelle 5/25/17 1832 Fresta Lh Returned Green BAY, WI 54302 Ryan Kuehn 5/24/17 Kuehn Printing VP 3486 Highland Center De Green BAY, WI St311 Check if: @In-Kind @Loan@Conduit-Ethics ID# 30.00 30.00 Van Duren St 50,00 Check if: GIn-Kind GLoan Conduit - Ethics 5/25/17 20,00 30,00 1731, Lost Dauphin Rd 30.00 30.00 225.00 225,00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE 225.00 225.00 TOTAL ITEMIZED CONTRIBUTIONS TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS \$225,00 225.00 TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

## RECEIPTS

SCHEDU		RECEIPTS Iding Loans) From Individuals	F	age of T
Complete Com				RECÊIVED
	ends ot Vander Leest		2,13	JUL 2017
Date	or completing schedules are on the back of each sc Full Name, Mailing Address and Zip Code	Occupation (if year-to-date total exceeds \$200)	Amount of	Sandra L. XHT-D
5/1/17	Graig Janssen 2649 Development De GB, WI 54311	Dentist	\$ /25.00	\$125.00
5/3/17	Check if: In-Kind Loan Conduit - Ethics ID#  Rich Heidel  667 Hickory DR  Hobart, WF  Check if: In-Kind Loan Conduit - Ethics ID#	Village of Hobart	\$125.00	\$125.00
5/2/17	DR. Robert Goelz  1052 Bel Arre Ct  Green Bay, WI SY304  Check if: [In-Kind [Loan] Conduit - Ethics ID#	Derlist	\$125.00	\$/25.00
5/2/17	Gary Fairchild 1444 Fox River DR	Business	\$125.00	\$15.00

	Hobart, WF. Check if: 13 In-Kind 13 Loan Conduit - Ethics ID#	100001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A
5/2/17	b) 1 : 0 !	Derlist	\$125.00	\$/25.00
5/2/17	Gary Fairchild 1444 Fox River DR Defere, WI 54115 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Business	\$125:00	\$125.00
5/5/17	010111	Retired	\$125.00	\$125.00
5/2/17	John & Donna West 1119 Crown Pointe Civile SuAmico, WF 54173 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Businoss	\$ 125,00	\$125,00
5  8   17	John Papel N4893 County Rd C Kewauree, WI 54216 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Business	\$725.00	\$125.00
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 875.00	\$875.00
		TOTAL ITEMIZED CONTRIBUTIONS	\$ 875,00	875.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS \$ TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ \$75.00 875.00 3 of 10

## Co

RECEIPTS Contributions (Including Loans) From Individuals	Page <u>3</u> of <u>7</u>
Vandaeleest	RECEIVED

Complete Com	mittee Name		12	RECENT
Frie	rds of Vander Leest	h a du la	12 7	JUL 201
Date	or completing schedules are on the back of each sc Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of	Sandra L. Total
5/13/17	Mark Houl  J26 Mendowbrook Ct  Sheen BAY, WI 543/3  Check if: [In-Kind ] Loan Conduit - Ethics ID#	Consultant	\$/25.00	#/25.00
	Fran Frigo 1245 Outward Ave Defere, WI 54/15 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Retired	\$250.00	\$250,00
5/1/17	Jay Hamann 558 Pinehurst Ave Green BAY, WI SY302 Check if: In-Kind Loan Conduit - Ethics ID#	Retired	\$250,00	\$250.00
5/9/17	Jordan Shaline 2584 Tulip Ln Len Bay, WF 54313 Check if: In-Kind Loan Conduit - Ethics ID#	Shaline Propertes	\$ 250.0v	\$250.00
5/10/17	Candoce Ziegelbauer 1934 E. Telemark Circle Glen BA 4, WI 5/13/3 Check if: [] In-Kind [] Loan [] Conduit = Ethics ID#	Retired	\$125.00	\$12500
5/24/17	Jeee 8 Sheri Dhein 2555 Park wood Die Green BAY, WI 54304 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Retired	\$250,00	\$250.00
5/2/17	David Charles  5845 Shore acres Rd  New Franken, WF 5429  Check if: In-Kind Loan Conduit - Ethics ID#	Business	\$250,00	\$250.00
		ITEMIZED CONTRIBUTIONS THIS PAGE TOTAL ITEMIZED CONTRIBUTIONS	\$ 1,500 \$ 1,500	1,500
		YMOUS CONTRIBUTIONS \$10 OR LESS UTIONS RECEIVED FROM INDIVIDUALS	\$ /,500	1,500

## RECEIPTS Contributions (Including Loans) From Individuals

Page of 7

Complete Committee Name of VanderLeest

Instructions for completing schedules are on the back of each schedule.				
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Countribution	Clerk Total
5/n/17	Paul Achier Sute III N. Washington of Sute 111 N. Washington of 450 Check it: In-Kind I Loan Conduit - Ethics ID#	Retired	\$ 250.00	\$250.00
5/20/17	Chad Fairchild 997 Daffodil DR Defeke, WI 5415 Check if: In-Kind Loan Conduit - Ethics ID#	Fairchild Equipment	\$50,00	\$50.00
5/30/17	Joel & Christine Newhouse 7917 Jewel DR Neerah, WI 54956 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Business	\$100.00	\$20,00
6-12-17	Kaurl Van Roy 805 Rwer Vruw DR Greek if: 10 In-Kind 10 Ligan Conduit - Ethics ID#	Retired	\$30,0D	\$30.00
6-18-17	John & Julie May 3299 Lime Kih Rd Green By y Wt St311 Check if: 1 In-Kind Loan Conduit - Ethics ID#	BAy title	\$100,00	\$100.00
5/20/17	Andy Williams 2100 S. Onordast Green Bay, WI Sy30 y Check if: [In-Kind [Loan] Conduit - Ethics ID#	Afforney	\$150.00	\$150,00
5/21/1	John S. Vander Leest 1625 Vernon Ct Lucan BAY, WI 9430 Y Check if: In-Kind Loan Conduit-Ethics ID#	Business	\$100.00	\$100,0D
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 780.00	780,00
		TOTAL ITEMIZED CONTRIBUTIONS	s 780,00	780.00
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	\$ -	200- 40
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	s 780,00	780000

## RECEIPTS Contributions (Including Loans) From Individuals

Page 5 of 7

Complete Committee Name Flawler Leest

Instructions for completing schedules are on the back of each schedule.				
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Yell-D Total
5 24 17	Grary Lapp 2537 Forestville DR Green BAY, WI 54304 Check if: [ In-Kind [ Loan ] Conduit - Ethics ID#	Rettred	\$50.00	\$50.00
5/15/17	John Hartman 1521 Belle Plane Cycle Heen BAy, WI 5/3/3 Check if: [ In-Kind ] Loan Conduit - Ethics ID#	Visonex	\$50.00	\$50.00
5/25/17	Mike Marquette Po Box 28274 Green BAY, WI 54324-027 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	afforney	\$100,00	\$100.00
5/17/17	Brad Grant 506 Redbird Circle Defere, WI 54115 Check if: On-Kind Occupied Conduit - Ethics ID#	Insurance afent	\$100.00	#100.00
5/17/17	Errico Auricchio 337 Greene Ave Green Bay, WI 54301 Check if: On-Kind OLOan Conduit - Ethics ID#	Business owner	\$100.00	\$/00.00
5/2/17	John Hurchman 1133 S. Monroe Ave Linean BAY, WI 5/301 Check if: [] In-Kind [] Loan Conduit - Ethics ID#	Hurckman Mechanical	\$125.00	\$125.00
5 25 17	Dave Nelson 425 Scott Dz Greck if: In-Kind Loan Conduit - Ethics ID#	Retired	\$50.00	\$50.00
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 575,00	575.00
		TOTAL ITEMIZED CONTRIBUTIONS	\$ 575.00	575.00
	TOTAL ANON	IYMOUS CONTRIBUTIONS \$10 OR LESS	\$ ~	

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ 575.00 575.00

## RECEIPTS Contributions (Including Loans) From Individuals

Page <u>6</u> of <u>7</u>

Complete Committee Name

TIEN 05 0 F VANDER LEEST

	r completing schedules are on the back of each sci			<u></u>
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D C. Total
5/22/17	Paul Belschner 943 Oakmont Ct Oneida WI 54155 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Business owner	#30.00	30.00
5/1417	Ruth Elmer 427 Hilden Redge Way Combined hocks, WIS/113 Check if: [In-Kind [Loan] Conduit-Ethics ID#	Retired	\$ 25,00	\$25,00
\$23/17	Sandy Juno 6/6 Dauphin St Licen BAy, WI 5/30/ Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	BROWN County CleRK	\$25.00	\$25,00
5/25/17	EVAN HUCER 1052 Amber by Rail Heen BAY, WI Check if: 1 In-Kind 1 Loan Conduit - Ethics ID#		\$20.00	\$20.00
<b>4</b> /11/17	Peter Reines 2457 Lost Dauphin Rd Defece, WI 54115 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Retired	\$12500	\$125.00
5/1/17	John Stat Hickey 1437 Traeger St Gleen BAY, WI SY304 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#	Retired	\$125,00	#125,00
41217	Jim Oheil 493 S. Jefferson St Line BAL WI 5430/ Check if: In-Kind I Loan Conduit - Ethics ID#	Attorney	\$125.00	\$125.00
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 475.00	475.00
		TOTAL ITEMIZED CONTRIBUTIONS	s 475.00	475.00
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	s <del>-</del>	
		UTIONS RECEIVED FROM INDIVIDUALS	s 475.00	475.00

### RECEIPTS Contributions (Including Loans) From Individuals

Page 7 of 7

Complete Committee Name Instructions for completing schedules are on the back of each schedule Full Name, Mailing Address and Zip Code Occupation (if year-to-date total exceeds \$200) Amount of Contribution Business Owner Bob Toonen 5/19/17 Tooken Properties Po Box 9017 Green Bay, WI St308-9017 Vern & Judy Krawczyk 5 25 17 2495 Manitowoc Rd Retired 60,00 Green BAY, WI SY311 Eric Wimberger 5/20/17 \$50.00 Po Box 1894 \$50,00 Altorney Theon BAY, WI 54305 Check if: In-Kind Loan Conduit - Ethics II 5/25/17 \$50,00 Demourk, WI Check if: In-Kind Loan Conduit - Ethics ID# 5/19/17 hompsoy Bonita Bay Blue hut \$SD,UD Bonta Springs, FL Check if: In-Kind Cond 5/18/17 Marian Krum berger \$50,00 Brown County 5/25/17 \$ 50.00 810.00 810,00 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE 810,00 810,00 TOTAL ITEMIZED CONTRIBUTIONS TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS 810,00 810,00 TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS



#### **DISBURSEMENTS Gross Expenditures**

Complete Compittee Name Instructions for completing schedules are on the back of each schedule.

p	completing schedules are on the back of each schedule.		<del>,                                    </del>
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/24/17	Check if: In-Kind Offset	Envelopes, paper	\$47.23
4/27/17	USPS 118 N. Morroe AUC Greck if: 1 In-Kind Offset	Stamps	\$194.53
5/13/17	SAM'S Club- 2470 W. Mason F Green BAY, WI 5/303 Check if: 10 In-Kind Offset	Paper, Supplies	\$106-30
5/14/17	Office Depot 2817 S. Unida F Linen BAY, WI 54304 Check if: 10 In-Kind Offset	Enveloper paper	<i>\$57.73</i>
5/15/17	USPS 118 N. Monroe Ave Shoen BAY, WI 5430)	Stangs	\$98.00
5/15/17	Courins Substantive 1905 S. Wabstan Ave Green BAY, WI 5430/	Subs for	#18.55
5/25/17	Fed Ex Office 2279 Sonada F Greek it: 10 In-Kind Offset WI 5430 Y	Posta for event	\$23.63
5 28 17	SAMS CLUB- 3470 W. Mason St Shear BAY W 34303	Candy for parade	\$46.5D
	sui	BTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 592.47
		TOTAL ITEMIZED EXPENDITURES	\$ 592.47
		TOTAL UNITEMIZED EXPENDITURES	<u> </u>
		TOTAL EXPENDITURES	\$ 592.47
			9 of 10

SCH	<b>HED</b>	III 3	2-A
Stanton Stanton	e summer of		STATE OF THE PERSON NAMED IN

## DISBURSEMENTS Gross Expenditures

63	4151	01773	70
W. Co.	Page	a d	of of
		Co.	12/2

Complete Committee Name	Vander Leest	

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Of Person or Business to Whom Payment is Made Fundraiser Room, food and drink Stamps #317.12 Check if: In-Kind Offset Check if: In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE **TOTAL ITEMIZED EXPENDITURES** 

\*\*\*End of Report\*\*\*

10 of 10

**TOTAL UNITEMIZED EXPENDITURES** 

TOTAL EXPENDITURES

	GN FINANCE REPORT MITTEES OF WISCO			
Is This Report an Amendment:	⊠ No			
Instructions for completing schedules are on the ba	ack of each schedule.			
COMMITTEE IDENTIFICATION				, **
Name of Committee  Friends of Williamtte Lis  Street Address	ndsay		OF.	FICE USE ONLY
Street Address  719 Fredrick C+ Apt. 6  City, State and Zip Code	)			
Green Bay WI 54:	313			
Please check if address is different than previously reported, a	and complete the Campaign Reg	istration State	ment in the b	ack of this form.
NAME OF REPORT				
January Continuing Pre-Primary  July Continuing 2017  September Continuing Pre-Election	Spring 1	Fall S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colun Calen Year-To	ndar	•
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 400.°		
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0		
1C. Other Income and Commercial Loans	\$ O	\$ , 38		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 400,3	38	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 295.30	\$ 3203	3:10	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 295.30	\$ 3203	3.10	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 295,30		401	112131475
Total Receipts	\$ 0		189	A GA
Subtotal	\$ 295.30		1234562	ECEIVED
Total Disbursements	\$ 295-30		2	IUL 2017
CASH BALANCE END OF REPORT	\$ 0		11	Sandra L. Juno own County Clerk
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)  \$ 0			32728261.10.	
LOANS (Balance at the Close of This Period-3B) \$ \( \int \)				
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				
1.5	Signature of Candidate or Treasurer	Luin	Date: 6	-30-2017
Cathy Willianette Lindsay	Email		Daytime I	Phone: 920-619-3069

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats. The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.



## RECEIPTS Contributions (Including Loans) From Individuals

Page	of
. ~9~	

Complete Comm	oittee Name			
Friend	Completing schedules are on the back of each sc Full Name, Mailing Address and Zip Code	<u>-1</u>		
Instructions fo	completing schedules are on the back of each sc	hedule.  Occupation (if year-to-date total exceeds \$200)	Amount of	Y-T-D
Date	Of Contributor	Coodpanor (ii year-to-date total exceeds \$200)	Contribution	Total
				/
	Check if: In-Kind Loan Conduit - Ethics ID#			
			/	
	Check if: In-Kind Loan Conduit - Ethics ID#	L/_		
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check it: [ij in-kind [ij Loan]] Conduit - Etnics ju#			
	Check if: In-Kind Loan Conduit - Ethics ID#			·····
		1		
		\$ 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
	Check if In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#			
		I		
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL AND	IYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
	TOTAL CONTRIB	SUTIONS RECEIVED FROM INDIVIDUALS	\$	0.0



# RECEIPTS Contributions from Committees (Transfers-In)

Page	of	
9-		

Complete Committee N	Jame .	4	
compige comminger	10000 1 1 1	, /	
1/1: 11.112	ニューカンコンカルマコ	a Brulle	
てくしてれるつ	or williand	C LINU JAY	/
		··-··	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID	Amount of Contribution
		Number	
	Check if: 🔲 In-Kind 🔯 Loan		
	CHECK II. U II-KIIIU U EDAII		
	Check if: 🖸 In-Kind 🖺 Loan		
	Check if:		
	Observity of the World of Land		
	Check if:		
			·
	Check if: 📋 In-Kind 🔯 Logan		
	Check if: 🔲 In-Kind 🔲 Loan		
	©heck if: ☐ In-Kind ☐ Loan		
	Pelecka.     IPRAIN     Coall		
/			
	Check if: 🔲 In-Kind 🖂 Loan		
	Check if: 🔲 In-Kind 🖸 Loan		
	SUBTOTAL CONTRIBUTIONS (Tran	nsfers-In) THIS PAGE	\$
	TOTAL CONTRIBUTIONS (Transfers-in) RECEIVED	FROM COMMITTEES	\$
			*



## RECEIPTS Other Income and Commercial Loans

Page	of

Complete Com	mittee Name <u>dS of William HC Lindsay</u> or completing schedules are on the back of each scho		
Instructions for	or completing schedules are on the back of each scho	edule.	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
***************************************			
	<del></del>		
Transit Address Anna Andrews Anna Anna Andrews Anna Anna Anna Anna Anna Anna Anna Ann			
:			
and the second s			
		CURTOTAL OTHER MICOME THE TARE	e
		SUBTOTAL OTHER INCOME THIS PAGE	\$
		TOTAL ITEMIZED OTHER INCOME	\$
		TOTAL OTHER INCOME	\$



## DISBURSEMENTS Gross Expenditures

Page \_\_\_ of \_\_\_

Complete Committee Name Friends of	Williamette Lindsay	
Instructions for completing	schedules are on the back of each schedule	

17,00,000,0110 101	completing concedered are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1-3-2017	Cathy Williamette Lindson 719 Fredrick Ct Apt 6 Green Bay WI 54313 Check if: 1 In-Kind Offset	Repay Loan	295,30
	Check if:   In-Kind Offset		
	Check if:		
	Check if:		
	Check if: 🔲 In-Kind Offset		
	Check if:		
	Check if: ☐ In-Kind Offset		
	OHECK II. LIJ HENNIG OHECE		
	Check if:		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 295.30 \$ 295.30
		TOTAL ITEMIZED EXPENDITURES	\$ 295.30
		TOTAL UNITEMIZED EXPENDITURES	\$ O
		TOTAL EXPENDITURES	\$ 295.30



Complete Committee Name

## DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Comm				
Friend	s of Willianotte Lindsay	****		
	completing schedules are on the back of each schedule.			
Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if: ☐ In-Kind ☐ Loan			
	Check if:			
*** **** ******************************	Check if:  In-Kind  Loan			
	Check if: ☐ In-Kind ☐ Loan			
		:		
	Check if: ☐ In-Kind ☐ Loan	41 .		
	Check if:			
	Check if:			
	SUBTOTAL CONTRIBUTIONS (	\$		
	TOTAL CONTRIBUTIONS (Transfers-Ou	\$		

Complete Committee Name

## Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Fri	ends of Williamette Linds	ish y				
	for completing schedules are on the back of each	•				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumula Th	ive Payments is Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor	2.10.72	_	~ ^	- 30	-11.60
11300	17	349.72	0	29	5 · 30	54.42
		Nature of Debt (Purpose)	Loan			
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					1
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		N. A. C. C. A. C.				
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
		realist of Best (Furpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 1		(0-1(0	www.minit		<u>.</u>	
		Nature of Debt (Purpose)				
		SUBTOTAL ITEMIZE	O OBLIGATIONS THIS	PAGE	\$ ()	
		тот	AL ITEMIZED OBLIGA	TIONS	\$ O	- 00.4M
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OR	LESS	\$ <i>(</i> )	•
		TOTA	L INCURRED OBLIGA	TIONS	s <i>(</i> )	
				14-		- 0



# Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page	of	

Complete Committee Name Friends of Williauth Linds					/
Primas of Willouth Linds					
Instructions for completing schedules are on the back of each so					T
Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Obligations		Cumulative Payments	Outstanding Obligations
		Beginning of This Period	New Loans This Period	This Period	End of This Period
Date					
1 1					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code	Occupation				
of Guarantor	Amount Guarantee	ad Outstandian			
	\$	ed Odisianding			
	*				
Full Name, Mailing Address and Zip Code	Occupation				
of Guarantor	,				
	Amount Guarantee	ed Outstanding			V-Pro-
	\$				
			-		
Full Name, Mailing Address and Zip Code of Loan Sou	rce	Outstanding Obligations	AAA HIII MARKA	Cumulative Payments	Outstanding Obligations
		Beginning of This Period	New Loans This Period	This Period	End of This Period
Date		rellou	rellou		·   · · · · · · · · · · · · · · · · · ·
1 1					
List All Endorsers or Guarantors (if any)			l		
Full Name, Mailing Address and Zip Code	Occupation				
of Guarantor					
	Amount Guarantee	ed Outstanding			
	\$				**************************************
Full Name, Mailing Address and Zip Code	Occupation				
of Guarantor					
	Amount Guaranteed Outstanding				
	\$				
Full Name, Mailing Address and Zip Code of Loan Sou	rce	Outstanding		Cumulative	Outstanding
		Obligations Beginning of This	New Loans This	Payments This Period	Obligations End of This Period
Political Control of the Control of		Period	Period		2.1001111010100
Date /					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code Occupation of Guarantor					
or order and the second	Amount Guarantee	ed Outstanding			
	\$	Ū			·
Full Name, Mailing Address and Zlp Code of Guarantor	Occupation	Occupation			
	Amount Guarantee	ed Outstanding			V-2014774
	\$				
		CHRICIAL	HTOTANDING : A.	NO TUIC DAGE	¢
		SUBTUTALU	UTSTANDING LOA	MO INIO PAGE	\$
			TOTAL OUTSTA	NDING LOANS	\$

8 04 9

#### SCHEDULE 4

#### TERMINATION REQUEST

Complete Committee Name	
Friends of Williamotte Lindsay	

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or
  obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

NDS ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	
Recipient	Amount
	ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

LOAN OR DEBT F	*ORGIVENESS	
Date	rsonal loans or have assumed responsibility for any and all debts of my c Endorser, Guarantor, or Creditor	Amount
6-27-2017	Outhy Willianotte Lindsay	54.42

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date